

California and Western Medicine

Owned and Published by the

CALIFORNIA MEDICAL ASSOCIATION

Official Organ of the California, Utah and Nevada Medical Associations

BALBOA BUILDING, 593 MARKET STREET, SAN FRANCISCO

Telephone Douglas 62

Editors GEORGE H. KRESS
EMMA W. POPE
Associate Editor for Nevada . . . HORACE J. BROWN
Associate Editor for Utah J. U. GIESY

Subscription prices, \$5.00 (\$6.00 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Advertisements—The journal is published on the seventh of the month. Advertising copy must be received not later than the 15th of the month preceding issue. Advertising rates will be sent on request.

Responsibility for Statements and Conclusions in Original Articles—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication—Articles are accepted for publication on condition that they are contributed solely to this journal. California and Western Medicine has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this journal write to its office requesting a copy of this leaflet.

EDITORIALS

DOCTORS AND COMMUNITY CHESTS

What is here written is not intended to apply to that limited number of physicians and surgeons who have been so fortunate as to have amassed enough of the world's goods to be financially independent.

The thought in mind concerns the rights of physicians and surgeons who have not been so financially fortunate, but who, because of the large amount of charitable work which they daily do in their practice of the healing art, should in one sense be exempt from these extra money contributions to other charities and philanthropies, no matter how deserving these other altruistic endeavors may be.

Consistency and equity would seem to make logical and fair, the principle just outlined. The proposition could also be expressed as follows:

If physicians and surgeons, in the practice of their profession do as much, and often a great deal more than the great majority of their lay fellow citizens, so far as altruistic expression of service to unfortunate lay fellows is concerned, then would it not be fair to excuse them from money contributions in addition? It must be remembered that professional services are the equivalent of money, in other words, are payment "in kind."

* * *

Historically, it is interesting to note that those who have been marked off from their fellows as healers or physicians, from the beginning of time, have ever been loyal to the principle of service to unfortunate fellows, without regard to pecuniary

reward, and in far greater degree, in all probability, than any other mercantile, vocational or professional group.

The ancient Oath of Hippocrates breathes the spirit of this altruistic service. It shows itself to an extraordinary degree in our own day of material aggrandizement, when research men among us give to the world without any pecuniary benefit to themselves, the results of years of study and labor, in order that the lot of man on earth may be bettered, through measures which make for the preservation of man's health, and for his prolongation of life.

Take another example: Throughout the civilized world, wherever there are buildings or hospitals in which are housed large numbers of human beings afflicted by disease and injury, in conjunction with poverty, may be almost invariably found a group of physicians and surgeons giving skilled service, often on a purely gratuitous service or at extremely nominal compensation.

Again, in our own country and abroad, in thousands and thousands of doctors' offices and consultation rooms, there is a daily unostentatious exhibition of service, in aid and relief of unfortunate fellows who are afflicted by disease, injury and poverty, and here again such skilled service is rendered without return money compensation being expected or received.

It is granted that compensation often does come to the physician in such instances, through knowledge of the appreciation of the poverty-stricken patient, for the skilled aid so cheerfully and generously given. But the prosperous citizen outside, who also ought to be appreciative of this altruistic endeavor on the part of hosts of physicians and surgeons, these more prosperous citizens seem oblivious and indifferent thereto. Not only that, many of those often seem to think that physicians are obligated to do these things; and on top of it all, expect physicians to help support other charities, to which measured by the same standards, when the professional services are transposed into money values, their own contributions in comparison, might be termed most gingerly.

* * *

To cite a further example which would seem to be pertinent to this discussion:

The county hospitals of California present an excellent example of self-sacrificing and nonpecuniary professional service by physicians to those citizens of our state who are so unfortunate as to be handicapped at one and the same time by poverty, sickness or injury. The Los Angeles General Hospital is a good example. There is an institution of over one thousand beds, with an attending staff of local physicians and surgeons running in the neighborhood of two hundred. Without regard to the number of patients or of individual treatments, but on the basis of something like ten dollars per hour for professional services actually given, and an average fee of something like fifty dollars for a major operation, it has been computed that these two hundred attending physicians and surgeons donate to the rich county of Los Angeles, services which, at the above valuations, would run into the